

**SYDNEY HOLLAND MEMORIAL
NURSING SCHOLARSHIP**

- Partial tuition and/or books scholarship awarded for the Spring 2024 semester to students enrolled in the Chipola RN program or accepted into the RN program for Spring 2024 semester.
- Must maintain a minimum 2.5 gpa each semester at Chipola College and have a minimum 3.0 gpa from high school and follow standard college requirements.

Complete the application and mail it to:

Sydney Holland Memorial Nursing Scholarship Committee
3482 Live Oak Lane
Marianna, FL 32446

DEADLINE TO APPLY IS NOVEMBER 15, 2023

Chipola College is an Equal Access/Equal Opportunity Institution
<http://www.chipola.edu/legal/equity.htm>

Scholarship Applying For: Sydney Holland Memorial Nursing Scholarship

You must submit the items listed below with **each** application. Incomplete applications will not be considered.

1. A copy of your high school and/or college transcript(s). Students must submit a copy of the final high school transcript. Please use the high school **unweighted** gpa. College students must submit a separate copy of transcripts from any colleges attended and applicants who have completed less than 24 college credit hours must also submit a high school transcript in addition to the college transcript(s). Do not include any college hours you have not completed. Your gpa entries on the application must match the gpa listed on the transcript(s) exactly. The high school and/or the college transcript(s) do not have to be official sealed copies. A photocopy of the transcripts(s) is acceptable. The foundation cannot print transcripts from any items submitted to Chipola College. Transcripts must be attached to the application when submitted.

2. A letter must accompany this application containing the following information:

- * *a little about yourself and your educational plans and career goals*
- * *why you feel you need help to attend college.*
- * *your school and community awards/recognitions/achievements and extra-curricular activities*
- * *extenuating circumstances to be considered by the scholarship committee*

3. Two letters of recommendation.

Date: _____ Chipola student ID : _____

Name: _____
 First Middle Last

Street address: _____ City/State/Zip: _____

Telephone #: _____ E-mail address: _____

Parent or guardian: _____

High School: _____ Year of graduation: _____

High School unweighted gpa: _____ Planned Major: _____

Enrollment status: _____ Full time (12 or more hours) _____ Part time

College credit hours/Clock hours earned to date: _____ Cumulative college gpa: _____

Honors, Awards, Extra Curricular Activities, and Community Involvement: (*brief description*)

I certify that the above and attached information is correct. The Chipola Foundation has my permission to validate any information provided and release this information to outside benefactors and volunteers for consideration of my scholarship eligibility. Grade reports may also be released for determination of renewal or continued eligibility.

Signature

Date